	16	
County mesself	Registration Dist. No. 2 65	
Village or City Cristild V MIN CO.	No. 206 Main St., Wa	rd
(IF	death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurredyrs,mos	How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME John /h. / Droken	If U. S. Veteran, specify WAR	
(a) Residence: No. / 20 6 Main	St. Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OB RACE 5. SHAGE, MARRIED, WIDOWZD, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)	
5a. If married, widowed, or diverced HUSBAND of Regard & Bucking (or) Wiles of Regard & Bucking	22. I HEREBY CERTIFY, That I attended deceased from 1937, to Den 50, 193.	om 7
6. DATE OF BIRTH (month, dey, and year) Reb. 2, 1863	I lest sew harmalive on	ald
7. AGE Years Months Deys If LESS then	to heve occurred on the date stated above, et	
84 8 28 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:	set
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral Herringhas	
9. Industry or business in which work was done, as SILK MILL.		
SAW MILL, BANK, etc	ang	9
70. Date decesed lest worked et this occupation (month end spent in this	15.0	
year) occupation	Other Contributory Causes of Importence:	7
12. BIRTHPLACE (city or town) Thelinguage for		-
(State or country)	Gleria Selerasio Roma	21
13. NAME Richard Buckenia	1931	1
14. BIRTHPLACE (city or town) 2001 Kensel	Neme of operation Dete of	_
(State or country)	What test confirmed diagnosis? Was there en autopsy?	
15. MAIDEN NAME Mary B. Lawlor	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) & Fallow	Accident, suicide, or homicide? Dete of Injury19	
State or country)	Where did injury occur?	
17. INFORMANT Per J. P. Brekying (Address) 20 4 Main St. Careblule m	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Plant Almang In Del Dete Nov 21 , 1937	- Neture of Injury	
19. UNDERTAKER J. D. Lawson & Son.	24. Wes disease or injury in any way releted to occupetion of deceased?	
(Address) 403 main st	If so, specify	
20. FILED Och 30, 1937 6 2 Galling	(Signed) 6 6 16 MCC	1. D
Registrar	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, nining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURFAU	a City		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

B

(State or country

18, BURIAL, CREMATION, OR REMOVAL

17. INFORMANT

19. UNDERTAKER (Address)

(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Jomerset Registration Dist. No Village or City Int Verno (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence In city or town where death occurred_____yrs,_____mos.____ds. How long in U.S. if of foreign birth? ______vrs. If U. S. Veteran, specify WAR_ (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If merried, widowed, or divorced HUSBAND of 22. CERTIFY. That I attended decaasad from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Days If LESS than Months 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 3 or min. 8. Treda, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.___ OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years) 10. Date deceased last worked et this occupation (month and occupation ... (State or country) FATHER 14. BIRTHPLACE (city or town) (State or country) What test confirmed diegnosis? MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicida? ______ Dete of Injury ______ 19____ 16. BIRTHPLACE (city or town)

Date October 9 , 1937

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

egistrar.

Where did Injury occur?.

Manner of Injury

Nature of injury

If so, specify

Oate of onset

... Was there an au'opsy?....

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

24. Was diseasa or injury In any way related to occupation of

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	S. July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state JRD. Every item of infor-Exact statement of OCCUPA-ALY, WITH UNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. N. B.—WRITE PL. V. S. No. 1

County	Somerse	t		Registration Dist. No. 264
Village or City	Manoki	n		No. St Wa
Langth of resider	ce in city or town where	daeth occurred	vrs 4 mos	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foraign birth?yrsmos
	(12 7	es H Ha]		
2. FULL NAM	Manok			If U. S. Veteran, specify WAR
(a) Residence	No.	(Usual place	of abode)	St., Ward. If nonresident give city or town and State
PERSONA	L AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
M 4	COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH
a. If married, widowad, HUSBAND of (or) WIFE of	or divorced Ros:	ie Hall		22. HEREBY GERTIFY, That I attended daceased from the control of t
DATE OF BIRTH (mo	nth, day, end yaar)	Mch 23 1	.876	I last sew h_1 M_ alive on
AGE Yaars 61	Months	Days 6	If LESS than I day,hrs. ormin.	to have occurred on the date steted above, at Defin. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of one
To. Date deceased	on (month end 193 May 193 r town)	z ry spe	ima (yaars) nt in this 8 upation 8	Dther Contributory Causes of Importance:
13. NAME	John	Wesley	Hall	
13. NAME 14. BIRTHPLACE (c (Stete or co	ty or town)	okin ryland		Neme of operation Dete of What test confirmed diagnosis? Here Was there an autopsy
15. MAIDEN NAME	Alic	e L Han	dy	23. If death was due to axternal cousas (VIQL ENCE) fill in also the following:
16. BIRTHPLACE (c	ty or town/	isfield		Accidant, suicida, or homicide? Date of Injury, 19
7. INFDRMANT(Address)	Dar	ryla nd niel J F nokin	lall Ma	Where did injury occur? Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATIDI	kin cem	Date OC	t 31,19 37	Mannar of Injury
4	mare	ods	Law,	24. Was disease or Injury In eny way raieted to occupetion of deceased?
9. UNDERTAKER (Address)	Crofa	ed -	20	If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I

	11				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstilial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
NOV 4					
11 7. 3.	3				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

S. No. 1

20. FILED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11160
1. PLACE OF DEATH	205-4
County Samurset	Registration Dist. No. 260
Village or City Princess Winne.	No. St., Ward
(If Langth of rasidance in city or town where deeth occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?rsmosds.
2. FULL NAME Raymond & Johnso	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH OCT 84 1937
5a. If merried, widowed, or divorced	(month) (Uay) (Year)
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of Mary Johnson	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day and year) nov 13, 1902	Hast saw h ally a on all en a surffath is aff
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at/_O
35 10 28 1 dey,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trede, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	were as follows: Considerated Death Date of onset Considerated Death Date of onset
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc.	Fragline of Ribs of line chest
10. Oate dacaased last worked et this occupetion (month and year) year) 11. Total tima (years) spent in this occupation	Ousellering of langer
B - l II - ll	Other Contributory Causes of importance:
(State or country) Virginia	
13. NAME Carvin Jahnson. Sr.	
14. BIRTHPLACE (city or town) (State or country)	Neme of operation
15. MAJOEN NAME Chinabeth Denella	What lest confirmed diagnosis? U.S. Lest Could thar an autopsy 2000
16, BIRTHPLACE (city or town)	23. If death wes due to external ceuses (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?
(State or country) maryland.	Where did injury occuratell Farm nearly and home
17. INFORMANT Havey Johnson.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Frinkers Come Ma. 18, BURIAL, CREMATION, OR REMOVAL (20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Charles of The Land
Placa Warcester Co. Oate Oct // 1937	Nature of Injury Creaked between Turn sheet
7-2 10-1000	Nature of Injury Curaked Believe Cura Miles College Co
19. UNDERTAKER (Address) Princess Onne Mo	If so, specify Moral Philade Landle Lawrence
20. FILED 10/10, 19.97 J. Smith	(Signed) Thee. B. While Cief M. D.
Resident	(Address) Parage of Clarke, Max

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Example I The principal cause of death and related causes of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	The second secon	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	NOV 6 1931	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V. S.	4	Page /		
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	----------------	------------	----	-----------

MARGIN RESERVED FOR BINDING

of OCCUPA.

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

-WRITE PLAINLY,

V. S. No. 1 Ŕ TION is very important. See instructions on back of

certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11161

1. PLACE OF DEATH	107-0	
County Somewett	Registration Dist. No. 265	
Village or City Criskleld md-	No. St	Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and n	umber)
0 . (0. 17	mosds. How long in U.S. if of foreign birth?yrsmo	
2. FULL NAME (onne (oreen)	If U. S. Veteran, specify WAR	
(a) Residence: No. CRIST(Q PI)	St., Ward. If nonresident give city or town and	C
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Diate
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,		7
Female Colored - Baby ,		, 193
5a. If married, widowed, or divorced HUSBANO of	(Month) (Day)	(Year)
HUSBANO of Baby-	1 HEREBY CERTIFY. That I stended	deceased from
6. DATE OF BIRTH (month, day, and year) Sepat, 15-1937	last saw h. P.R. aliva on Q et 20th 1937	: death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than	2300	; death is said
/ S 1 day,h	rs. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or perticular	were as follows:	Oate olonset
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, atc.	Matnutpition	Swee-
9. Industry or business in which		Birth
work was dona, as SILK MILL, SAW MILL, BANK, etc		
this occupation (month end spent in this occupation — occ		
CRISPIOLD LOAD	Othar Contributory Causes of importanca:	
12. BIRTHPLACE (city or town) (Stata or country)	Terminal Pneumoia	1 Dal
004	(Bron hod)	Relie
13. NAME CER (GITY OF TOWN) CRISTIELD	Name of operation 2012 Date of	tacalk
(State or country)	What test confirmed diagnosis? Was there an e	utonev? M a
15. MAIDEN NAME CONNIP Lambkin.	23. If death was dua to external causes (VIOL ENCE) fill in elso the following	
15. MAIDEN NAME CONNIC Lambkin.	Accident, suicide, or homicide? Date of Injury	, 19
(State or country)	Where did Injury occur?	
17 INFORMANT Mother Commie Gree	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ACE.
(Address) CRistieldi md-		
Place CR 15 1 0 1 d Md Data Oct 23 193	Manner of injury	
NC - Q 1 . D . C/.	Nature of injury	
19 UNDERTAKER NON E. Fretet hureich leg	24. Was disease or injury In any way related to occupation of deceased?	
(Address) Population Box	(Signed) Colling Twast	
20. FILED	(One Real of	11 A. D.
Aegistrat.	(rioutess)	. 2 3 - 6 3 5

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Example I	11	Example II
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:
Arteriosclerosis	1915	Attack of epilepsy 1 week ago
Chronic interstitial nephritis	1921	Run over by street car 1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis On 3 days ago
		2, 2,
		190
Other contributory causes of importance:	1-0-1-1	Other contributory causes of importance:
Gallstones	May 1,1923	Gastroenteritis 1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

(Address)

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 3 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	- (3)
County Norwelles / MITMIN	Registration Dist. No. 263
Village or City Cristicald,	Np. St Ward
1 leletine (II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	ds. How long In U.S. if of foraign birth?yrsmosds.
2. FULL NAME Nancy face Law	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED write tha word)	21. DATE OF DEATH (Month) (9) (1937) (1937)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Charles W. Lawson	22. A HEREBY CERTIES That I attended decaesed from
Nor 10th 1864	I last saw h A alive on Off 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
6. DATE OF BIRTH (month, dey, and year) 100. 10 - 100. 7. AGE Yaars Months Days If LESS than	to have occurred on the dete stated above, et 2 33 1 m.
79 11 Q 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related ceusas of importance
8. Trade, profassion, or particular	were st follows: Date of onset
kind of work done, as SPINNER, Househoefer, SAWYER, BOOKKEEPER, etc.	Deus disease
9. Industry or businass in which work was done, as SILK MILL,	
kind of work done, as SPINNER, Househoefeer, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date dacaasad last worked et 11. Total tima (years)	
O 10. Date dacaasad last worked et 11. Total tima (years) spart in this year) coupation coupation	
TO PURTURY ACT (situations) A A A A A A	Other Contributory Causes of importances:
(State or country) Concerned to Mo	wine toma
13. NAME Traves Sterling	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
(State or country)	What tast confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Grace Sterling	23. If deeth was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Grace Sterling 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
State or country)	Whare did injury occur?
17. INFORMANT Oduard Lauren (Address) Ciscol Md	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place #1811119 1937	Neture of injury
19. UNDERTAKER J. D. LOWSGIL AS	24. Was disease or injury In any way ralated to occupation of deceasad?
(Address) Cinfield Ma.	If so, specify
20. FILED Coh 21, 19 77 / C & C alling Registrar.	(Signed) (Address) (Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

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ADDITIONAL SPACE	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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73 ..

	STATE OF	MAR	YLAND-	CERTIFICATE OF D
1. PLACE OF DE	ATH A	C	0	(151)
County	Hone	ersel	- / 973 m	Regist
Village or City	Cristic	ed	V ann co	APO NO.TA
tough of continues to	city or town where deal	entry	lifetime mos	death occurred in a hospital or institution, give its
	city or town where deal	in accurred	10 g	
2. FULL NAME	XIMAN .	pane	Deferre	If U. S. Veteran, specify W
(a) Residence: No.	Mesey	(Usual place	of abode)	St., Ward.
PERSONAL A	ND STATISTIC			MEDICAL CERTIFIC
3. SEX 4. CO	or or race 5	OR DAY ORCE	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH (Month)
5a. If married, widowed, or d	vorced	20		
HUSBAND of (or) WIFE of	best 2.	Solow	w.	22. SIHEREBY CER
	Das	18	12t 18/14	I last saw h W alive on C
6. DATE OF BIRTH (month, 7. AGE Years	lay, and year) ///2/	Days	If LESS than	to have occurred on the date stated above, et
70	6	26	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and rele
8. Trade, profession, or	particular /	0	ormin.	were as follows:
6 kind of work dor	e, as SPINNER, 902 EEPER, etc.	riskee	heri	Caraco - va
9. Industry or business work was done, a SAW MILL, BAN 10. Date deceased last to this occupation (In which s SILK MILL,	/		-0
SAW MILL, BANI 10. Date deceased last v		11 Total t	ime (years)	french des
O this occupation (i	nonth and	spa	nt in this upation	
	. 1	1-0	1.0	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or tow (State or country)	"Domersel	60.	VId.	(Inc.
13. NAME Ge	0790 J. C	Mari	0,	vocata.
14. BIRTHPLACE (city or	them)	101		Name of operation
(State or country		Jia.		What test confirmed diagnosis?
监 15. MAIDEN NAME	Dusque	Maid	expane	23. If deeth was due to externel causes (VIOL
16. BIRTHPLACE (city of	town)	100	Russon ly	Accident, suicide, or homicide?
∑ (State or country		d	Hamily	Where did injury occur? (Specif
17. INFORMANT MA	or Harals	& bul	ler	Specify whether Injury occurred In INDUSTR
(Address)	Crife	ild, o	Mode	
18. BURIAL, CREMATION, OF	Od Centele.	Date Qui	122034	Manner of Injury
// 0	1 RT	. 7		Nature of injury
19. UNDERTAKED	& dan	cou	ſ	24. Was disease or injury in any way related
(Address)	-7 0	. 0	. 0	(Signed) Roleas
20. FILED COM 17	7195/ 195	180		(Address)

ATH 11164
on Dist. No. 2.6

" No.7.		St.	Ward
eath occurred in a hospital or inst	itution, give its NAME in	stead of street and	
ds. How long in U.S.i	f of foreign birth?	yrsm	osds.
. 16 H O Water			
If U. S. Vetera	n, specify WAR		
St.,Ward.			
		e city or town and	State
MEDICAL	CERTIFICATE C	OF DEATH	
21. DATE OF DEATH	Cot-	oth	
	CCI,	7	, 193.7
	(Month)	/ (Day)	(Tear)
2. OIHEREE	Y CERTIFY.	Thety I attended	deceesed from
selat 6	1032/to C	201. 9	193.7
I last saw h W alive on	C16.8	437	: deeth is said
	10 6	1	.; deetii issaid
to have occurred on the date st			
The PRINCIPAL CAUSE OF DE were as follows:	ATH and releted causes	of Importance	Date of onset
0. 1.		1	Date of onset
JOABBIN -	vasci	elar-	
C. WALLEY SELECTION	- I		
13000	and a	18	
aucac			-
Other Contributory Causes of It	mportance:		
-/-A-,	•		
Иления	a . C	ma	
Alama da a a a la		D-14	-
Name of operation			1
What test confirmed diagnosis?		Was there an	autopsy?
23. If deeth was due to externel	causes (VIOLENCE) fill I	n also the following	:
Accident, suicide, or homicide?	Da	te of injury	19
Where did injury occur?			
Specify whether Injury occurre	(Specify city or to	wn, county and Sta	te)
Specify whether injury occurre	ווו ווועטטואז, ווו אַטאוווו ווי	c, or in Public PL	AUE.
Manner of Injury			
Nature of injury			
24. Was disease or injury in an	v way related to occupati	on of deceased?	200
	, na, related to occupati		
If so, specify	11(1)-1	Villa	F
(Signed)	we file	unin	M. D.
(Address)	Course	ed, >=	e ?
ATT N Charles Street Baltimore	Paguartum 71 C No .		

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Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
N BUK	11 V. 1.		
Other contributory causes of importance	e:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

EXACTLY. PHYSICIANS should state

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	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	462
County () OM Craes	Registration Dist. No. 265
Village or City Crustield	No. Muard Che St. W.
Length of residence in city or town where death occurred	(If death observed in a hospital or institution, give its NAME instead of street and number)
IV. V MCA.	
2. FULL NAME Cuque II for	If U. S. Veteran, specify WAR
(a) Residence; Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Oct. 6, 1937
Sa. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Cory WIFE of Mary C. Lord	22. 1 HEREBY CERTIFY, That I ettended deceased f
10.10	Oct 4 , 1937, to Oct. 6 , 193
5. DATE OF BIRTH (month, day, and year)	I last saw h alive on Oct. 5, 19 32; death is
AGE Years Months Days If Los Sthan	to have occurred on the date stated above, at 1:25 9 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importence
ormin.	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Carpenter SAWYER, BODKKEEPER, etc.	Intestrual abstruction Oct
SAWYER, BUDKKELPER, etc.	Conser was the probable cause of the
9. Industry or business in which work was done, as SILK MILL, Hauss	intestinal obstruction; but patient was more
Date deceased last worked at this occupetion (month end spentin this 60	- band, when Jhyrician first saw him. Custo.
year)occupation	Duration out known
12. BIRTHPLACE (city or town) Millville	Other Contributory Causes of importance:
(State or country) pew ferous	
13. NAME John, Gold	
14. BIRTHPLACE (city of town) Aullille	Name of operation Date of
(State or country) Key Justy	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Honnoh Bard	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Mullily	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT JOMN & Jang	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.
(Address) Confield to d	
18. BURIAL, CREMATION, DR BEMDVAL Place Typical Date Oct 9, 193	Manner of Injury
Date C D	Mature of injury
19. UNDERTAKER DOMM WISHOUT	24. Wes disease or injury In any way related to occupation of deceesed?
(Address)	If so, specify
(Address) Crufull Chd	9 9 3
20. FILED Con 8, 1937 le & le williams	(Signed) Saval Ne. Parton

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V. S. No. 1 N. B.—W

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11166
1. PLACE OF DEATH	17
County Sprillsus	Registration Dist. No. 2 6 7
Village or City DAMES QUARTER, MD. (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?grsds.
2. FULL NAME LESSY MESSICH	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Day) (193 / (Pear)
HUSBAND of (or) WIFE of Superior Alassis	22. I HEREBY CERTIFY They i attended deceased from 1934 nto 9 1 13 1934
5. DATE OF BIRTH (month, day, and year)	t iast saw h. M. alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4, P. m.
37 2 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	MIMOSCHAS RIS.
SAWYER, BOOKKEEPER, etc	As Mille
work was done, as SILK MILL, Ogsten Y Charl	Ma Jelly UNIEN UN
11. Total time (years) this occupation (month and year)	
12. BIRTHPLACE (city or town) AMES QUARTER, MD.	Other Contributory Causes of Importance:
13. NAME A) PAMONAIS MISSIPPR	Sin fine and the state of the s
14. BIRTHPLACE (city or town) A MES QUARTER MD	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Supar Maton DAN	Correct h was due to externel ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) DAMES QUARTER, MO (State or country)	Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT / LANY MESSICH (Address) DAMES OF ARTER	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Dure Land Date Och 25, 1937	Nature of injury
19. UNOERTAKER DELLE COMPANY (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED O 2 2 1 - 19 37 Mrs W. S. Kelly	(Signed)

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
MOA 2 1801			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	į

BINDING

FOR

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(PSI)
County Somersel	Registration Dist. No. 2 6J
Village or City Country led	No. No. St., Ward
· (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME John & Morris	If U. S. Veteran, specify WAR
(a) Residence: No. 11 The last st	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	actables 8th 1937
5a. Il married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Jhat I attended deceased from
Rachel Mortes	October 87th 1937, to Oct. 9th 1937
6. DATE OF BIRTH (month, day, and year) July 2-1882	I last saw h wa alive on QCT 8 th , 1927; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 100 Pm.
5-5- 3 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular	Date of one of
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Chrome Myo Castelles Jebross 6 year
9: Industry or business In which work was done, as SILK MILL,	aug o
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation	
EAAOL CO.	Dther Contributory Causes of importance:
12, BIRTHPLACE (city or town) (State or country)	Oliver nephyle 4/40/00
1 13. NAME House Massa	full action.
14. BIRTHPLACE (city or town)	Name of operation Novel Date of
(State or country)	What test confirmed diagnosis? Love Model Was there an autopsy?
15. MAIDEN NAME Mostha 11 mm	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) (SART CO VO	Where did injury occur?
17. INFORMANT Gasie morris	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Brushold md	
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Law Jones Date 99 11, 1987	Nature of injury.
19. UNDERTAKER Chas H Word	24. Was disease or injury In any way related to occupation of deceased?
(Address) pragion and	If so, specify
20. FILED Roh 10 1987 & E Callins	(Signed) Codury & Juace M.D.
Registrar,	(Address) (All Holling)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 wear

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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B ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11168
1. PLACE OF BEATH	(a)(2)
County Domesard	Registration Dist. No. 26 9
· · · · · · · · · · · · · · · · · · ·	No. St. Ward
Village or City () (If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or own where death occurryyr	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME ISAAR O, Tarks	
(a) Residence: No. Champ Mc	St., Ward.
(Upfilplace of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 12, COLOR OR RACE S. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
nale brite Widowick	(Month) (Day) (Year)
e. If married, widowed or divorced HUSBAND of Pryging Parks	22. I HEREBY CERTIFY That I attended decreased from Cotober 131, 1937, to October 261, 1937
DATE OF BIRTH (month, day, and year) Kulk 4 - 18.50	liast saw have alive on let 261 , 19.3.1; death is said
AGE Years Months Oays If LESS than	to have occurred on the date stated above, at long frame.
87 3 22 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importanco were es follows:
8. Trade, profession, or particular kind of work done, as SPINNES	
SAWYER, BOOKKEEPER, etc.	Heurt Eshaustrew
9. Industry or business in which work was done, es SILK MILL, Asym Woll, SAW MILL, BANK, etc	Princery causes coversey theorebosis cruss
10. Date deceased last worked et 11. Total time (yeers)	Probable Suration: not stated,
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) Domessee Co //a	Other Coutributory Causes of Importance:
(State or county)	Sevele decay.
13. NAME POBERT CROWDE	
14. BIRTHPLACE (city or town)	Name of operation Oete of
(State or country) Cornellar C	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Clent Chrysler	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Domested Co 1901	Accident, suicide, or homicide?
(State or county)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Dorsey of all Red	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date 193	Nature of injury
19. UNDERTAKER Clare Charliell	24. Wes disease or Injury in any way related to occupation of deceased?
(Address) Imaya Chine Mc	If so, specify

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	:	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNE CONTRACTOR	e La company		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

infor-

WITH UNFADING INK-THIS

		No. St., f death occurred in a hospital or institution, give its NAME instead of street and s. ds. How long in U.S. if of foraign birth? yrs. m	
2. FULL NAME Pober	, 91 0	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and	
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	1 Diate
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dev)	., 193.7
5e. If Married, widowed, or divorced HUSBAND of (or) WIFE of	See	22. J HEREBY CERTIFY, That I ettended	deceased fro
6. DATE OF BIRTH (month, day, and year)	1867	I last saw h alive on Sopt 2	,
7. AGE Years Months	Deys If LESS than 1 day,hrs. ormin.	to have occurred on the data steted ebova, at 9/2 29m. The PRINCIPAL CAUSE OF DEATH and related ceusas of Importance were as follows:	Date of onse
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Rabor	Progressive Bulbar Paraly	
SAW MILL, BANK, etc	11. Total tima (years) spent in this occupetion	Other Contributory Causes of Importance:	
(State or country)	Paeps		
14. BIRTHPLACE (city or town) (State or country)	ryland	Name of operation Date of What test confirmed diagnosis? Was there an	
15. MAIDEN NAME Hester 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	en6	23. If death was due to axternel causes (VIOLENCE) fill in also the followin Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	, 19
18. BURIAL, CREMATION, OR REMOVAL Place Dale Wille	Date Oct 21 , 19 22	Manner of Injury	
19. UNDERTAKER games 9.	Dennis	24. Was disease or injury in any way related to occupation of deceased?	

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	Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURFAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

ord. Every item of infor-

WITH UNFADING INK-THIS IS A PERMANENT REC

-WRITE PLA

V. S. No. 1

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

MARGIN RESERVED FOR BINDING

should state of OCCUPA.

7. PHYSICIANS Exact statement

stated EXACTLY.

1. PLACE OF DEATH	2105m
County Someract	Registration Dist. No. 260
Village or City Princess and	No. St. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs	_mosds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Ctha Lorter	If U. S. Veteran, specify WAR
(a) Residence: No. John B. Parsons 7do	St. Ward.
(Usual place of abode)	Fuels and If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE	
Remale White OR DIVORCED (quite the word	193/
If married, widowed, or divorced	(Month) (Day) (Year)
HUSBANO of (or) WIFE of	22. WHEREBY CERTIFY. That I attended deceased from
	- Avdelin Heath 19
DATE OF BIRTH (month, day, end year) Que . 17, 1863	I last saw h alive on
AGE Years Months Oays If LESS the	
7/2 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importance
	were as follows: 1 Oata of onset
8. Trade, profession, or particular kind of work done, es SPINNER,	nguil + fact ag
SAWYER, BOOKKEEPER, etc.	below terre, froster y regar
work was done, as SILK MILL, Own Jame	arm afour ector, clarette
10. Date deceased last worked et 11. Totel time (years)	2 bernal lellifica-
this occupation (month and 1935 spent In this 35	42.
P. · P	Other Contributory Causes of importance:
BIRTHPLACE (city or town) Punters Unu,	
(State or country) Maryland.	
13. NAME John J. Forler	
14. BIRTHPLACE (city or town) Trincess and,	Name of operation Oate of
(State or country) Maryland.	What test confirmed diagnosis Exomunation Was there en autopsy? No
15. MAIDEN NAME amanda Lanklord	23. If death was due to external causes (VIOLENCE) fill in also the following:
16 PIPTUPLACE (illustration) Lauren B. 11/20	Accident, suicide, or homicide accorded Oate of injury oct 22, 1957
(State or country)	Where did injury occur? Parages Dum W.
m, f . B on no	(Specify city or town, county and State)
INFORMANT / Us: Jones T9. Shockle	Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE.
(Address) Salisbury, Md., (on that of Privare Clim
Pin B mar 1) A 211	Menner of injury Date 19
Place Date Cali a7, 19.	Mature of injury Fraction of legs, refarm, and the
UNDERTAKE The Hill of Johnson a	24. Was disease or injury in any way related to occupation of deceased? w
(Address) Salisking emcl	If so, specify A_ A
10/211 22 000	(Signed) Popular Mill MAD
), FILEO 199 PROMISER	1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	strar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 6 19	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SUREAU V.	3.		
	THE PARTY OF THE P		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

1. PLACE OF	Somers	et	WITHIN	91-30 Registration Dist, No.	FL
Village or Cit	anca In city or town whera	daath occurred	8 yrs 8 mos	No. Broadway St., f death occurred in a hospital or institution, give its NAME instead of street and nu s. 24 do How long in U.S. if of foreign birth?yrsmos	Ward imber)
2. FULL NAM	Hance	Purnell		If U. S. Veteran, specify WAR	
(a) Residence	e: No. Broady	Vay (Usual place	of abode)	St., Ward. If nonresident give city or town and S	tate
PERSONA	AL AND STATIST	ICAL PARTI	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE		RIED, WIDOWED, D (write the word) LE	21. DATE OF DEATH Och (Month) (Day)	193.7 (Year)
5a. If marriad, widowe HUSBAND of (or) WIFE of	d, or divorced			22. CHEREBY CERTIFY THE lattended do	aceased from
6. DATE OF BIRTH (m	nonth, day, end yaar)	Jan 12	1937	I last saw have alive on Qet 5 1937;	death is sai
7. AGE Yaars		Days 24	If LESS than I day,hrs. ormin,	to have occurred on the data stated above, at 3:30 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	Date of onset
SAWYER, I	ion, or particular ork done, as SPINNER, BOOKKEEPER, etc usiness in which dona, es SILK MILL, , BANK, etc			Endo Carolitis; acestes. Coursed	Oct. 1937
	d last workad at ation (month and	spe occi	tima (yaars) nt in this upation	Othar Coutributory Causes of Importance;	
12. BfRTHPLACE (city (State or count	ry) Ma	isfield ryland		-	
13. NAME		m J Purr	nell		
13. NAME 14. BIRTHPLACE ((Stata or o	(CILY OF LOWII)	ckton ryland	***	Name of operation	topsy?
15. MAIDEN NAM 16. BIRTHPLACE ((State or c	(city or town) Fai country) Ma	ise King rmount ryland		23. If death was due to axternal causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida? Where did injury occur?	, 19
17. INFORMANT (Address)		uise Pur risfield	rnell 1 Ma	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATIC	on, or removal	Date OC	at7, 193	Mannar of Injury	
19. UNDERTAKER (Address)	John A Bra	adshaw 1 Md		24. Wes diseasa or injury In any way related to occupation of deceasad?	v
20, FILED DOS	7.1937	er le	allen Registrar.	(Signed) A garalley Cristie	ed my

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II

asaumpie 1	11	Zampie II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1			
V. ~	11		
Other contributory causes of importance:	, , , , , , , , , , , , , , , , , , , ,	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	7.		

STATE OF MARYLAND—C	CERTIFICATE OF DEATH 11172
1. PLACE OF DEATH	(121)
County Somewet	Registration Dist. No. 760
Village or City Eden md	No. A 7 10 No-1 St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME albert, M Shackley	If U. S. Veteran, specify WAR
DT. ID PL	St. Ward.
(Usual place of abode)	If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY. That I attended decaased from
(or) WIFE of	Did not, after deceased
6. DATE OF BIRTH (month, day, and year) July 18 1938	I last saw h Masive on hy serion, 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, atm.
7- 3 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8 Trade profession or particular	From Lulary of cars Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	it sands thele - Oct
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Data decessed last worked et this coveration (month and	appeducilis autoRylus 17-37
10. Data deceesed last worked et this occupation (month end pear) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Salesbury	Other Contributory Causes of Importence:
(Stata or country) and	
13. NAME albert K Shockley	
14. BIRTHPLACE (city or town) Somewith ill	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Carrie & Washield	23. If daath was due to externel ceuses (VIOLENCE) fill In elso the following:
15. MAIDEN NAME Carrie & Washield 16. BIRTHPLACE (city or town) Answerfill (State or country)	Accident, suicide, or homicide?
∑ (State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT affect & Shalley (Addrass) Seen me	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL CLEMPSION, OR REMOVAL To a 1800 o leafo . To E. Church Date (OCT 21 19 37	Manner of injury
wresting on the pare of the pa	Nature of injury
19. UNDERTAKER ames & Slewast	24. Was disease or injury in eny way related to occupation of deceased?
20 FILED 18/20 1937 9 Servich	(Signed) M. D.
Registrat	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MON 6 Tags			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			100000

MARGIN RESERVED FOR BINDING	VED	FOR BINDING	
PLANKLY, WITH UNFADING INK-	THIS.	PLANKLY, WITH UNFADING INK-THIS IS A PERMANENT RECKD. Every item of infor-	
hould be carefully supplied. AGE shoul	ld be	hould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	
OF DEATH in plain terms, so that it ma	ay be	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
very important. See instructions on back of certificate.	ck of	ertificate.	

tate PA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
old s	County Somewat	Begintesting Diet No. 269
0 6	Willage or City / Part Tage (M)	No. Registration Dist. No.
S sh	(If	death occurred in a horpital or institution, give its NAME instead of street and number)
	0/00.11	ds. How long in U.S. if of foraign birth?yrsmosds.
KD. Every YSICIANS statement	2. FULL NAME Shelle Spence	If U. S. Veteran, specify WAR
	(a) Residence: No. (Usual place of abode)	St, Ward. If nonresident give city or town and State
REC. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
r. Exa	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WtDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
d. L.	female bolared married	(Month) (Ozy) (Year)
MANEN A C T I assified	5a of married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
X A X Class	Hages spence	1937, to Oct 18, 193/
田田 ·	6. DATE OF BIRTH (month, day, and year) May 2 1825	i last saw h
IS A PE stated I properly certificate	7. AGE Years Months Oays If LESS than I day,hrs.	to have occurred on the date stated above, at/_QG.*m, The PRINCIPAL CAUSE OF DEATH and related causes of importance
IS sta pro cert	8. Trade, profession, or particular	ware as follows:
be of	Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	acute // eller :
ould may back	9. Industry or businass in which work was done, as SILK MILL,	Durstion seven weeks
INK—T should it may on back	9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc U 10. Date deceased last worked at this occupation (month and	Curson.
	this occupation (month and spent in this occupation occupation	
NFADING plied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
AD led.	(State or country)	tepertension
	13. NAME Hobert Smith 14. BIRTHPLACE (city or town). Ventor	
I st	14. BIRTHPLACE (city or town).	Name of operation
TI II		What test confirmed diagnosis? Was thera an au'opsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following:
in in	15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of injury19
ATE ATE	(State or country)	Where did Injury occur?
A.C.L.Y, d be can DEATH y import	17. INFORMANT Robert Smith	(Specify city or town, county and State) Specify whathar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
E PLA Should OF D	(Address) 18. BURIAL, CREMATION, OR REMOVAL	
L S E	Place besitor Data oct 2/ 1937	Manner of Injury
-WRITE mation s CAUSE TION is	Al- W-11	Nature of Injury 24. Was disease or injury in any way related to occupation of declarated?
TOF	19. UNDERTAKER 6 MALON M	If so, specify
œ.	10 1 21 135 MB 1 Bomett	(Signad) M. D. Mevily M. D.
Z	Registrar.	(Address) and all A
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
GUYZAU Y. S.	11	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Length of residence In city or town where death occurred					et									
Length of residence in city or town where death occurred	r Cit	چي.		LIL(100	qu	12.		2				(lf d	leath occu
(a) Residence: No. Quindocqua (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX	reside							ırred		yı			105	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word) Married Warried	IAM		9 8						,T,	ho	ma	S		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word) Married 53. If married, widowed, or divorced HUSBAND of (or) WIFE of 54. Table of 6. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT 18. BIRDIAL CREATION OR PEMOVAL 19. BIRDIAL CRE	dence				ui	nd			e of	abo	de)			St.,_
M W Married Sa. If married, widowed, or divorced HUSBAND of (or) Wife of Hettie Moore Thomas 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 12 I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) 12. BIRTHPLACE (city or town) Millsbury (State or country) 13. NAME Nathaniel Thomas 14. BIRTHPLACE (city or town) Unknown (State or country) 15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) Ostate or country) 17. INFORMANT James E Thomas 18. BURIAL, CREMATION, OR REMOVAL Place Stypard S Cema Date Oct 280 377	DNA	ID	D S	TA	TIST	ric.						5		
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) Millsbury (State or country) Millsbury (State or country) Millsbury (State or country) 14. BIRTHPLACE (city or town) (State or country) Millsbury (State or country) Millsbury (State or country) Millsbury (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) Marion 18. BURIAL, CREMATION, OR REMOVAL Place St. Paris Cema. Date Oct 280 377		R		RAC	CE	5.	SING OR I	DIYORC	ED	(wri	te the	word)		21. DA
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Bays If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) Millsburry (State or country) Millsburry (State or country) Millsburry (State or country) Deleware 14. BIRTHPLACE (city or town) (State or country) Deleware 15. MAIDEN NAME Unknown (State or country) 16. BIRTHPLACE (city or town) (State or country) Towns 17. INFDRMANT James E Thomas (Address) 18. BURIAL, CREMATION, OR REMOVAL Place STAPS BIS Company Date On the Sea STAP 18. BURIAL, CREMATION, OR REMOVAL Place STAPS BIS Company Towns Tow	dowed f	rc	rced		He	tt	ie	Mod	or	·e	Th	oma	as	22./
7. AGE Years Months Days If LESS than 1 day, hrs. or liday, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) 12. BIRTHPLACE (city or town) Millsbury (State or country) Deleware 13. NAME Nathaniel Thomas 14. BIRTHPLACE (city or town) Unknown (State or country) 15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) Deleware 17. INFDRMANT James E Thomas (Address) Marion 18. BURIAL, CREMATION, OR REMOVAL	TH (m	v :	and	Vear'		I	eb	14		1.8	60	All		l last sa
Sawyer, Bookkeper, etc. Sawyer, Bookkeper, etc.			, , , ,	-	ths		1	Days 12		1 d	ау,	hr	s.	to have The PR were as
SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL BLOOK STATE OF THE STATE O	ofessiof wo FER, E	art as PE	rticul as SP PER, e whic	ar INNI etc	ER,			Far	me	er				un
(State or country) Compare Compare Compare Compare	eased	rke	ked e	t d		35	1	1. Total	tim ent	e (y	ears)			
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place St. Paril S. Comp. Date Oct. 280 777					M;	ll] e]								Other Comments
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Sty Paril S Cema Date Oct 280 377					1	Vat	ha	nie	1	7	ho	mas	3	Ce
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Sty Part S. Comp. Patr. Oct. 250 777		owi	wn)]	Un De	av	own Vare						Name o
17. INFDRMANT James E Thomas (Address) Marion 18. BURIAL, CREMATION, OR REMOVAL Place Styles Styles Company Oct. 280 777	NAM					U	110	lowr	1					23. If dea
(Address) Marion 18. BURIAL, CREMATION, OR REMOVAL Place St. Pari S Com. Date Oct 280 77)WI	wn)											Acciden Where
Place St. Pawls Cem. Date Oct 280 377			J				T	loma	ış					Specify
	MATIC	REI	EMOV	~	m.		Date_		00	et.	-28	39.3	7.	Manner Nature
13. UNDERTARCE STATE		-1	4	1	21	1	d	sh	A	u	0	-		24. Was

CERTIFICATE OF DEATH	11174
(B)	. , ,
Registration Dist. No.	261
No. Farm St., If death occurred in a horpital or institution, give its NAME instead of street and s. How long in U.S. if of foreign birth? yrs.	Ward d number)
If U. S. Veteran, specify WAR	
St., Ward.	
If nonresident give city or town as	nd State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH Of (Month) (Day)	, 193.7 (Vear)
22. I HEREBY CERTIFY. That I attende	d deceased from
I last saw h alive on Q 2 2 5 193	death is said
to have occurred on the date stated above, et 12 00 miles	
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
weens and your	64748
Other Co. Lett. A. C.	
Other Contributory Causes of Importance:	
Olima Out refluite	14/1
Clave myschels	
Name of operation Date of_	·
What test confirmed diagnosis? Was there er	autopsy?
23. If death was due to external causes (VIOLENCE) fill in also the followi	ng:
Accident, suicide, or homicide? Date of injury	, 19
Where did injury occur?	
(Specify city or town, county and St Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC F	PLACE.
Manner of injury	
Nature of injury	
24. Was disease or injury in any way related to occupation of deceased?	
If so, specify	
(Signed Colling) (Address) Naman Ria and	M. D.
" (Audress) IC CONTAIN A CONTAIN	

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Example II

	4	Zitaki pio 11				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
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UNITADING INN-I HIS IS A LEKMANENI KECKU. Every Item of infor-	INN	11	2	IS A LE	KMIANE	Ţ	REC	KD. Every	item of	infor-	
supplied. AGE should be stated EXACTLY. PHYSICIANS should state	E shor	plu	he	stated E	XACT	LY	PH .	YSICIANS	should	state	
n terms, so that it may be properly classified. Exact statement of OCCUPA-	it it m	ay	pe	properly	classified	_:	Exact	statement	of OCC	UPA.	
ee instructions on back of certificate.	on ba	sck .	of c	ertificate.						1	

STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEA	TH
SIAIL	OF	MALIF	AND	CERTIFI	CAIL	UF	DEA	ш

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1	1	1	7	0

1. PLACE OF DEATH Somerset			96	1-			
County Crisfie			Registration Dist. No. 6	J			
	A	(1	No. State Road St., f death occurred in a horpital or institution, give its NAME instead of street and numb	Ward			
Length of rasidenca in city or town where d		mos	ds. How long in U.S. If of foreign birth?yrsmos	ds.			
2. FULL NAME Lizzie	Thomas		If U. S. Veteran, specify WAR				
(a) Residence: No. Sta	te Road		St., Ward. If nonresident give city or town and State	e			
PERSONAL AND STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RACE		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Ob) , 195	3.7			
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Lybra:	n Thoma	S	22. I HEREBY CERTIFY, That I attanded daca	ased from			
?	2 7	.860	Sept 23 , 1937 , to Q44 . 7 , 1937 ; de 1937 ; de	19.37			
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months About 77	Days	If LESS than I day,hrs.	I last saw had alive on 1937; de to have occurred on the data stated abova, et 1:45 f.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	ath is seid			
8 Trade profession or particular	Hor	lormin.	wera as follows:	te of enset			
9. Industry or business in which work was done, as SILK MILL,			asterelluses				
	3.7 spa	ima (yaers) ? nt in this upation	Other Contributory Causes of Importance:				
100	erset C	ounty					
13. NAME Unitro it 14. BIRTHPLACE (city or town) (State or country)			Neme of operation Date of Date of What tast confirmed diagnosis?	svxen			
15. MAIOEN NAME Unknot	wn		23. If daath was due to external causes (VIOLENCE) fill in also the following:				
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2007	Pete G	cay Ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.				
18. BURIAL, CREMATIDN, DR REMOVAL	Data O.	t_10.19.3.7	Manner of injury				
19. UNDERTAKER AM MILES	to C	100.	24. Wes disease or Injury in any wey related to occupation of deceased? 19. If so, specify (Signed) Land W. Lendon,	м. о			
20. 11CC	0 6	Registrar.	(Addrass) Cregally Jul				

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	BY PHYSICIAN	STATEMENTS	FURTHER	FOR	SPACE	ADDITIONAL
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- 1	- 7	7	7	8
- 1		- 5	- 60	А.

1. PLACE OF DEATH							
* County Somerset	/		(131)	Registration Dis	et No. 2	70	
Village or City Crisfi		WITHIN DONG	No. Mariners f death occurred in a hospital or institution	Road	St	Ward	
Length of residence in city or town when				oreign birth?	yrs	mosds.	
2. FULL NAME.	artha Tov	wnsehd	If U. S. Veteran, sp	ecify WAR			
(a) Residence: No. Mai	riners Ro (Usual place		St.,Ward.	If nonresident giv		nd State	
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CER	RTIFICATE C	F DEATH		
3. SEX 4. COLOR OR RACE W	5. SINGLE, MARI	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH	Det (Month)	(Days)	., 193 >	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	ohn B Tow	nsend	22. I HEREBY		Thet I ettende	ed deceased from	
6. DATE OF BIRTH (month, day, and year)	May 13 18	173	l last saw h), to			
7. AGE Years Months	Days 18	If LESS than I day,hrs.	to have occurred on the date stated a The PRINCIPAL CAUSE OF DEATH a	bove, a/ 2:30	A.m.	; death is said	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	House	Work	were as follows:	Men		Date ot onset	
work was done, as SILK MILL, SAW MILL, BANK, etc	937 11. Total til	me (years) ?	Chronic rephritis.	Duration:	Indefinite Certific		
	omico Co	unty	Other Contributory Causes of importa	nce: (Lema	utye		
	mas Cox						
	comico Co ryland	ounty	Name of operation	Purind	Date of	autoney?	
15. MAIDEN NAME Un	known						
16. BIRTHPLACE (city or town) (State or country)			23. If death was due to external causes (ViOLENCE) fill In also the following: Accident, suicide, or homicide?				
	Maude For	d	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
18. BURIAL, CREMATION, OR REMOVAL	Date Oct	3 ,19 37	Manner of injury				
19. UNDERTAKER OM U	Brod.	fam	24. Was disease or injury in any way i	related to occupatio	n of deceased?	24	
20. FILED. Qch 2, 19370	6 E 10 a	Kegistrar.	(Signed) (Address)	while	rel	M. D.	



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ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state LY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. FOR BINDING MARGIN RESERVED mation should be carefully supplied. AGE should be N. B.—WRITE PLA

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3
County Jomersel	Registration Dist. No. 262
Village or City Coslew Station, Ind	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Baby Jurkey	If U. S. Veteran, specify WAR
(a) Residence: No. Costes Station, Ind	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct. 5, 193.7 (Month) (Day) (Yaar)
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded daceased from
6. DATE OF BIRTH (month, day, and year) Oct. 5-1937	I last saw h alive on
7. AGE Years Months Davs If LESS than	to have occurred on the date stated above, atm.
1 day, 200 hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	wera as follows: Oate of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date daceasad last workad at this occupation (month and	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	home luco / 1
10. Date daceasad last workad at this occupation (month and spent In this	7 months/
year) occupation occupation	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town) Cosless Stations (State or country)	
13. NAME Clongo Mills 14. BIRTHPLACE (city or town) Coster flations, Mr.	
(Stata or country)	Name of operation
	What tast confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Cestern Station, Inc	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Cester Station Ind	
(State or country) Somersot	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Maggel Sputh (Address) Industries Ind	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place Christ M. S. Cemeler Pate Och 5, 193,	Nature of Injury
19. UNDERTAKER Sam Turbing Bh	24. Was disaase or Injury In any way ralated to occupation of deceased?
20. FILED hor 3, 1937 Mrs. Clayton War	(Signad) Mrs. Claylon, Hans Regents (Address) Pochnike City Incl
1	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

11177

V. S. No. 1

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Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	ephritis NOV 5	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	v. S.	July 5,1927	Peritonitis	3 days ago	
	MURE AND AND ADDRESS OF THE PARTY OF THE PAR	.2			
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

MARGIN

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Andrew States States States States				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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:	: 14	41

FOR BINDIN

MARGIN RESERVED

state

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19. UNDERTAKER

(Address

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH

0,112 01	D = / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
(31)	Registration Dist. N	D. 26	0/
arm horpital or institution, a	rive its NAME instead	St.,	Ward
long In U.S. If of fore			
J. S. Veteran, speci	ify WAR		

If nonresident give city or town and State

V	Length of residence in o	1		Gyrs F mos	f death occurred in a s23ds. How
1	2. FULL NAME		Henry Wa	I.d	lf
	(a) Residence: No.	Kingst	(Usual place of	abode)	St.,
	PERSONAL AN	D STATISTI	CAL PARTIC	ULARS	M
3, :	SEX 4. COLO	OR OR RACE	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE 0
5a.	If marriad, widowad, or div HUSBAND of (or) WIFE of		llie War	rd.	22. 9 1
6.	DATE OF BIRTH (month, da	v. and year) Ma	y 9 1873	3	I last saw h
	AGE Yaars 64	Months 4	Days 23	If LESS than 1 day,hrs. ormin.	to have occurred The PRINCIPAL ware as follows:
OCCUPATION	8. Trade, profession, or p kind of work done SAWYER, BDOKKE 9. Industry or business i	as SPINNER, EPER, etc	Farme	er	acus
UPA	work was done, as SAW MILL, BANK,	SILK MILL.			urei
000	1D. Date dacaasad last wo this occupation (mo year)	nth and	11. Total tim spent occup	e (yaars) ? in this ation	
12.	BIRTHPLACE (city or town (State or country)	Pocom Mary	oke City	7	Other Contribute
ER	13. NAME		amin War		Eulez
FATHER	14. BIRTHPLACE (city or t (State or country)		omoke Ci ryland	ty	Name of operatio
1ER	15. MAIDEN NAME		ivia Red		23. If death was d
MOTHER	16. BIRTHPLACE (city or t (State or country)	own)	Pocomoke Marylan		Accident, sulcida
17.	INFORMANT(Address)		Mrs Moll Kingsto		Specify whether
18.	BURIAL, CREMATION, OR Place Rehob			t 4 ,19 37	Manner of Injury

	(Month)	(Day)	(Yéar)
22. SIT LERE	BY CERTIF	Y. That I attend	ed daceasad from
I last saw harman alive of	n oct 1	, 19. <i>3</i>	Z.; daath is said
to have occurred on the date	a statad above, at5_	A.m.	
The PRINCIPAL CAUSE OF ware as follows:	DEATH and related cau	ses of importanca	
			Date of onset
rent &	ce () 24	rest	01
urenea	7		

Other Contributory Causes of	d importance A		
Elmo Ou	resculs		Act
Oline m	noudel	C	1936
Enlised (
Name of operation		Data at	
What tast confirmed diagnos			
23. If death was due to exteri			
Accident, sulcida, or homicio	de?	Date of Injury	, 19
Where did injury occur?	(Specify city o	r town, county and S	State)
Specify whether Injury occu	rred in INDUSTRY, in H	OME, or in PUBLIC	PLACE.

Manner of Injury			
Nature of infury			

24. Was disaase or injury in any way related to occupation of

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Registrar.

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1. PLACE OF DEATH	(23)
Sounty Village or City Village or City	Registration Dist. No. 2 6 8
Length of residence in city town where death occurredyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME (a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR ON RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Och /67 (Month) (Dey) (Year)
5a. If married, widowed; of divorced HUSBAND OF COS. WIFE of Sessing Webselm	22. HEREBY CERTIFY, That if ettended deceased from 19/3 7, to 19/3 7
6. DATE OF BIRTH (month, day, end year) Dec 2016 1899	I last saw h 22 alive on DCA 15, 1937; death is sa
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 Am.
37 day,hrs.	the as follows:
8. Trade profession or particular	Pale of one
9. Industry or business in which	you tubilities
kind of work done, as SPINNER SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at this occupation (monthly and year) 11. Total time (years) spent/in this occupation.	
12. BIRTHPLACE (Sty or town) Seels Island Well (State or country)	Other Contributory Causes of importance:
	Waragam JUX Man
13. NAME AND C. WELLER 14. BIRTHPLACE (city or town) C. State or country)	Name of operation Dete of What test confirmed diagnosis? Was There an eutopsy?
15. MAIDEN NAME Mexica abbato	23. If death was due to external causes (VIDL ENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT PESSEE SUBSLEE (Address)	(Specify city or town; county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Del Date Och 18, 1937	Manner of injury
19. UNDERTAKER STURBOULE (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Oct 18, 1937 Rosa Welster	(Signed) (1-1) pray 5026 M.

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1013, 4.5			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

Registrar.

(Signed)

(Address) ____ [UMLAN

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
3			
	Other contributory cases of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory cases of importance:	

STATE OF MARYLAND-CERTIFICATE OF DEATH

should state

stated EXACTLY. PHYSICIANS

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

V. S. No. N. B.

IS A PERMANENT REC

MARGIN RESERVED WITH UNFADING INK—THIS

AGE should be

FOR BINDING

Exact statement of OCCUPA.

1. PLACE OF DEATH		
County America	Registration Dist. No. 26/	
Village or City Management	No. St., War	
Length of residence In city or town where death occurred 25 rs	(If death occurred in a horpital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.	
PG 1.717.1.71.	4	
2. FULL NAME Thanks W. Whiling	If U. S. Veteran, specify WAR	
(a) Residence: No. / Mallow (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)		
hale boloved widower	(Month) (Oay) (Year)	
ia. If married, widowad, or divorcad HUSBAND of	22. I HEREBY CERTIFY, That I attanded deceased from	
(or) WIFE of Mary Whiting loss	mely 1 1937 to Oct 2 1937	
DATE OF BIRTH (month, day, and year)	I last saw han aliva on a car / 19.37; death is sal	
. AGE Years Months Days If LESS tha	to have occurred on the date stated above, at 2m.	
74 10 8- 1 day,	THE FRINCIPAL CAUSE OF DEATH and related causes of importance	
9 Trade profession or particular	ware as follows:	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years)	Mressella Suft	
9. Industry or business In which work was done, as SILK MILL, Jane SAW MILL, BANK, etc.	March Dien Hent Hol	
SAW MILL, BANK, etc.		
this occupation (month and spent in this		
year) occupation	Other Contributory Canses of importance:	
2. BIRTHPLACE (city or town) Marion	Olumo Dut wolliels 30	
(State or country) somewet ma.	- Clove nyendely The	
13. NAME Jamuel Whiskington 14. BIRTHPLACE (city or town)	Julius Cristale	
14. BIRTHPLACE (city or town)	Name of operation	
(State of Country)	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Celegebeth Lankfor	23. If death was due to axternal causes (VIOLENCE) fill In also the following:	
15. MAIDEN NAME Cliggebeth Lankfor 16. BIRTHPLACE (city or town) - Somerat Co-	Accident, suicide, or homicide?	
(State or country)	Where did Injury occur?	
7. INFORMANT Gretchen Brassell	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Branch Cometony Data Oct 4, 193	2. Nature of injury	
AP. 11. 1		
19. UNDERTAKER Chas IV Ward	24. Was disaase or injury in any way related to occupation of dacased?	
INTO 22 Comments	(Signad)	
20. FILED / / 193/ Gurella 100 allots	M. Organia M. M.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

Exact statement of OCCUPA.

AGE should be stated EXACTLY. PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. mation should be carefully supplied.

V. S. No. 1

See instructions on back of certificate.

TION is very important.

1. PLACE OF DEATH		
County Somewal	Registration Dist. No. 26/	
	NoSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.	
2. FULL NAME Boly Why Hung I	If U. S. Veteran, specify WAR	
(a) Residence: No. manning	St., Ward,	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR-DIVORCED (write the word) (a multi-Chief	21. DATE OF DEATH 193 7	
5a. If married, widowad, or divorced HUSBAND of	(Month) (Day) (Year)	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from	
6. DATE OF BIRTH (month, day, and year) Oct 13 1937	I last saw h aliva on, 19, 19; death is seid	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
O'wheret 76 mills 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.		
SAWYER, BOOKKEEPER, etc	Indust of 6 months	
work was dona, as SILK MILL, SAW MILL, BANK, etc.		
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total tima (years) spent in this occupation	Cancellan Bones	
	Other Contributory Causes of importanca:	
12. BIRTHPLACE (city or town) marrow The	mth.	
I Committee of the comm		
4. BIRTHPLACE (city or town)	Neme of operation Date of	
	What test confirmed diagnosis? Was there an autopsy?	
E 15. MAIDEN NAME ON Hausy	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	
(State of country)		
17. INFORMANT De attlus Votullizations (Address) masson mass	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION OR REMODAL Place Wesley euceterone get 14, 1937	Manner of injury	
19. UNDERTAKER Matchew Whittington	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 1/13/ 183 Quelia 10 Jacoson	(Signed) Juneys & Evulynn. M.D.	
Registrar.	(Address) marris Ota Ind.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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The second secon	en and		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year